Teenage Pregnancy Among Senior High School Children As A Public Health Issue In The Amansie West District Of Ghana

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ABSTRACT

Introduction: Teenage pregnancy is slowly killing the fate of our youth and the future of our nations. Globally, about 16 million lasses between the ages of 15 to 19 and some 1 million girls below the age of 15 give birth every year especially in low- and middle-income countries. **Method:** A random sampling technique was devised in choosing Manso Adubia SHS, out of the three Senior High schools in the Amansie West district. Participants were randomly selected from forms one to three by their own free will. Purposive sampling was also employed because the target of the researcher was on SHS students. **Results:** One hundred and twenty-eight (128) students willingly participated in this study out of which 57.8% were males and 42.8 were females. Of this, 75.8% of the students believe that teenage pregnancy is mostly caused by peer pressure, 14.1% attributes it to ignorance and the most prone ages was between 15-17 years. There was significant association between why teenagers become pregnant, and what age group teenage pregnancy is most common, and whether or not parents/ or guardians are to be blamed for teenage pregnancy within this study group. On the impact of teen of teenage pregnancy on both teens and society, 67.7% believes it brings about school drop-out, 25.5% poverty, 4.3% child abuse, 2.3% over- dependency on the society. In suggesting remedies to reduce teenage pregnancy among senior high school students, they are of the view that the sex education received during school period is insufficient and therefore should be intensified. Moreover, the Ghana education services can also introduce extra-curricular activities where students can be taught on simple hand -made items that they can sell after school hours to serve as a source of income for most students. **Conclusion:** Teenage pregnancy has become a canker in the Ghanaian society, and has a long term effect on both the mother and child, as well as the economy on a whole. This is typically bothering as the youth of the nation are exposed to whole lots of psychological, physiological and environmental factors that prone them into falling victims of teenage pregnancy. However, with the engagement of parents/guardians, teachers, society, religious leaders and the government as a whole, this threat can be reduced. **Recommendation:** More awareness on the subject of adolescent, teenage pregnancy, sexually transmitted diseases and the family planning methods may be a step towards the reduction of this menace.

Key Words: Teenage pregnancy, adolescent, public health, Amansie West District, Ghana

1. INTRODUCTION

The danger of teenage pregnancy is gradually killing the fate of our youth and the prospect of this great nation (Adu Bright Schandorf, 2013). Globally, about 16 million girls between the ages of 15 to 19 and some 1 million girls below the age of 15 give birth every year especially in low- and middle-income countries. This has resulted in hitches during pregnancy and childbirth as the second cause of demise for 15-19 year-old girls worldwide (WHO, 2014).

In Sub-Saharan Africa, about 12 million females in under developed countries give birth during their pubescent age. The utmost proportions of early motherhood are found in sub-Saharan Africa, where birth rates among teenagers reach over 200 births per 1000 girls age 15–19, compared to lower rates in other regions. Countries such as Central African Republic, Niger, Chad, Angola and Mali where highest on the list of countries with peak juvenile birth rate above 178. Between 2010–2015 periods, over 45% of women between 20–24 years reported having given birth for the first time by age 18 (UNICEF,2017).

Teenage pregnancy has been a threat in Ghana, for example in 2016, 15.4% were recorded in the Upper East region, with 2.1% happening among adolescents amid the ages of 10 and 19 years, making the region, the highest in teenage pregnancy during that year. The Ghana Health Service report on Antenatal care registrants, recorded 115 pregnancy cases among teenagers between the ages of 10-14, whereas 5,474 cases happened among teenagers between 14-19 years, and this was an increase from 5,518 to 5,564 teenage pregnancy cases documented in 2014 and 2015 correspondingly. The Volta region recorded 15.0%, whiles the Brong Ahafo and Eastern regions recorded 14% respectively. Central, Upper West and Western Regions recorded 13% respectively, Northern and Ashanti regions had 11% respectively with Greater Accra region recording the lowest pubescent pregnancy rate of 6% (Awuni fredrick, 2017). Recently in Ghana, 57,000 teenage pregnancies were recorded in the first half of 2017 alone and a total of 9,100 adolescents reportedly got pregnant in the Ashanti Region through the first half of this same year (GNA, 2017) showing a rapid increase of the incidence from 2016 to 2017.

Despite the enormous studies, and counseling by The Ghana Education Service, NGO's, Religious leaders and our most appreciated cultural, tradition and moral values as a country, the problem of teenage pregnancy still seem to be escalating especially among our SHS girls in the Amansie West District. This study therefore seeks to:

- Determine the causes of teenage pregnancy among school children and the most prone age range.
- To determine the impact of teenage pregnancy on teens and the society, and finally
- To establish suggested remedies into reducing the prevalence rate.

1.1 STUDY AREA

Amansie West district is positioned in the south-western part of the Ashanti Region, shares mutual boundary on its western part with the Atwima District. On it's northern part can be found the Bosomtwe District, whereas a regional borderline separates it from the Western Region on its southern part. Manso Nkwanta is its capital. Manso Adubia is a typical community within this district. The district is with a population of 134,331 with 67,485 males and 69,790 females according to the 2010 Population and Housing Census and covers an area of 1364sq km (Amponsem-Boateng, 2017). The District is surrounded by 'galamsey' and this has predisposed lots

of teenagers into the act of "getting quick money', making it difficult for children and teenagers to delight in formal education.

1.2 STUDY POPULATION

The population of this study comprised of students from the Manso Adubia Senior High School in the Amansie West District in the Ashanti region of Ghana. The student population of the school is approximated to be 1,111 with about 520 day students representing 46.8% and 591 as borders representing 53.19%. The estimated population of boys is around 594 (53.46%), and that of girls is 517 (46.5%). Students at this school come from a representation of all over Ghana, with majority being Ashanti's from the District in the Adubia Township and its surrounding environs.

1.3 STUDY DESIGN

This study was cross-sectional, descriptive and non-experimental survey design. Cross-sectional because it traversed a squat period of time in data collection and analyses. Descriptive and non-experimental survey as it involved soliciting large volumes of information from respondents to answer research questions. Descombe, (2000) observes that the notion of a survey proposes that the investigator intends to get information "straight from the horse's own mouth" and is purposeful and structured. Structured questionnaires were therefore employed for this research and it was purposively sampled because the researcher specifically selected Senior High school students of the Manso Adubia Township in the Amansie West District.

1.4 SAMPLING TECHNIQUE

Random sampling was employed in choosing Manso Adubia SHS, out of the three Senior High schools in the Amansie West district. Purposive sampling was also used because the target of the researcher was on SHS students.

1.5 QUESTIONNAIRE SURVEY

A questionnaire survey was carried out within the students of Manso Adubia SHS. The questionnaire was pre-coded with a few open questions that required facts on the determinants and impact of teenage pregnancy. Questionnaire is one of the most widely used instruments for collecting data in survey research, and it was divided into three sections to cover the three main objectives of this research.

1.6 DATA COLLECTION PROCEDURE

Students from forms one to three were all allowed to partake in the study by their own free will. Highlights of the purpose of study were communicated to them and questionnaires were distributed accordingly. Since students were all assembled at the School's hall, questionnaires were randomly given to participants and participants submitted their finished questionnaires directly to the researcher.

1.7 DATA ANALYSIS TECHNIQUES

Completed questionnaires were first amended for uniformity. For the open-ended questions, a short list was prepared from a master list of responses in order to get the main responses given by respondents. All the responses ticked on the questionnaire were recorded on a broadsheet before being fed into the computer for computer analysis, using the Statistical Package for Social Sciences (SPSS), version 20. To enhance scoring and analysis of the data, the various categories of the data and the various categories on the questionnaire were coded consequently.

The descriptive nature of the study required both inferential and descriptive statistical tools to be used in the analysis of the data. The data was put into tables of frequencies and critically interpreted to answer the research questions whiles the data from the interviews were transcribed verbatim. Themes reflecting the richness of the participants' experiences were created. These themes were then connected to each other based on similarities and apparent interrelationships. For the purposes of clarity, the themes were checked with the transcripts to ensure that the connections worked for the primary source material. Once a coherent list of related themes was finalized, extracts representing themes were selected and were presented as direct narratives.

1.8 ETHICAL PRINCIPLES

Scientific investigation entails that researchers conduct themselves according to ethical principles. The relation between the researcher and the informants is very significant in scientific research since the informants can be affected by the research in several ways. Ethical deliberations of informed consent, confidentiality and consequences were therefore carefully adhered to during the research (Amponsem-Boateng, 2017). Consent was obtained from the Authorities of the school, teachers and the participants who are all students. The purpose of the study was clarified to each participant and their consent sought before they were conscripted into the study. Participants were also assured of stringent confidentiality and data collected have been handled as such.

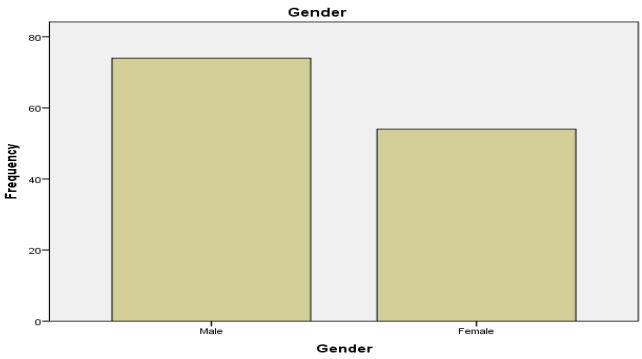
2. RESULTS

Out of the 128 students who responded 74(57.8%) were males and 54 (42.2%) were female as shown in both table1A& fiqure1A:

Table 1A

Gender					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	74	57.8	57.8	57.8
	Female	54	42.2	42.2	100.0
	Total	128	100.0	100.0	

Figure 1A:



On determining the causes of teenage pregnancy among school children and the most prone age range, 75.8% of the students believe that teenage pregnancy is mostly caused by peer pressure, 14.1% attributes it to ignorance, 3.1% thinks it is caused by social issues, 2.3% to drug abuse and 4.7% are not sure what actually causes teenage pregnancy, with the ages between 15-17 been the most prone ages of teenagers becoming pregnant according to this study as depicted in table 1B and 1C and figures 1B and 1C.

Table 1B

Why do teenagers become pregnant?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Peer Pressure	97	75.8	75.8	75.8
	Ignorance	18	14.1	14.1	89.8
	Social Issues	4	3.1	3.1	93.0
	Drug Abuse	3	2.3	2.3	95.3
	Not Sure	6	4.7	4.7	100.0
	Total	128	100.0	100.0	

Figure 1B

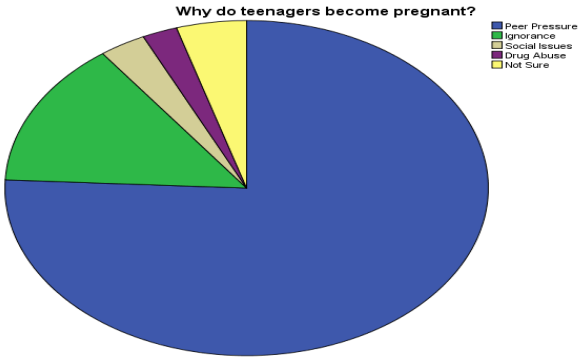
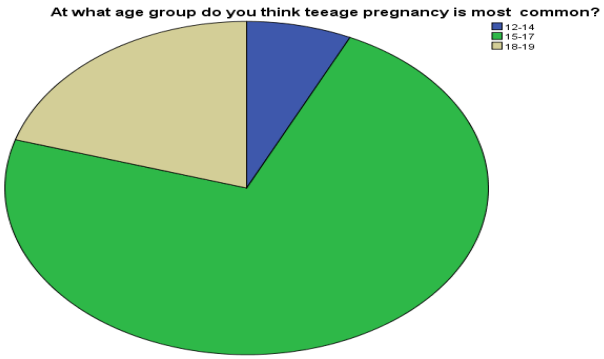


Table 1C

At what age group do you think teenage pregnancy is most common?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12-14	9	7.0	7.0	7.0
	15-17	93	72.7	72.7	79.7
	18-19	26	20.3	20.3	100.0
	Total	128	100.0	100.0	

Figure 1C



In reference to objective two on the impact of teenage pregnancy on both teens and society, 67.7% believes it brings about school drop-out, 25.5% poverty, 4.3% child abuse, 2.3% over- dependency on the society.

On establishing suggested remedies into reducing the prevalent rate of teenage pregnancy in the district, with a chi square of 2.843, and p value of 0.092, 41.4% of students think that although they are taught sex education in the school that is not sufficient, while 58.6% think it is sufficient. Surprisingly, 68.8% think parents are to be blamed for teenage pregnancy which suggests that most teenagers are rather pushed by their parents into engaging in sexual activities to be able to cater for themselves. On the whole, 92.2% of students believe teenage pregnancy is a problem within the community and the country as a whole.

Table 2: Statistics

Parameters	Male	Female	Total
Why do teenagers become pregnant?		Chi-Square =10.473, p<0.033	
Peer Pressure	60(61.9%)	37(38.1%)	97(75.8%)
Ignorance	7(38.9%)	11(61.1%)	18(14.1%)
Social Issues	4(100.0%)	0(0.0%)	4(100.0%)
Drug Abuse	0(0.0%)	3(100.0%)	3(2.3%)
No Response	3(50%)	3(50%)	6(4.7%)
At what age group do you think teenage pregnancy is most common?		Chi-Square=18.687, p<0.000	
12-14	1(11.1%)	8(88.9%)	9(7.0%)
15-17	50(53.8%)	43(46.2%)	93(72.7%)
18-1	23(88.5%)	3(11.5%)	26(20.3%)
Do you think that the sex education, teenagers receive at school is sufficient? Chi-Square=2.843, p= 0.092			
No	26(49.1%)	27(50.9%)	53(41.4%)
Yes	48(64.0%)	27(36.0%)	75(58.6%)
Do you think that parents or guardians are to be blamed for teenage pregnancy? Chi-Square=9.843, p<0.002			
No	15(37.5%)	25(62.5%)	40(31.2%)
Yes	59(67.0%)	29(33.0%)	88(68.8%)
Do you think teenage mothers regret becoming pregnant?		Chi-Square=0.007, p=0.911	
No	16(57.1%)	12(42.9%)	28(21.9%)
Yes	58(58.0%)	42(42.0%)	100(78.1%)
Do you believe that the society is responsible for teen pregnancy? Chi-Square=0.013, p=0.935			
No	39(57.4%)	29(42.6%)	68(53.1%)
Yes	35(58.3%)	25(41.7%)	60(46.9%)
Is teenage pregnancy a problem within your community or country on a whole? Chi-Square=1.411, p=0.235			
No	4(40.0%)	6(60.0%)	107.8%
Yes	70(59.3%)	48(40.7%)	118(92.2%)

2.1 INFERENTIAL STATISTICS

As seen in table 2 above, significant association was found between why teenagers become pregnant, and what age group teenage pregnancy is most common. Whether or not parents/ or guardians are to be blamed for teenage pregnancy and gender with (P<0.033, p<0.000, and p<0.002) respectively. The parameters whether or not sex education, that teenagers receive at school is sufficient, teenage mothers regret becoming pregnant , society is responsible for teen pregnancy and teenage pregnancy as a problem within the community or country as a whole presented no significant association with (p=0.092, p=0.911, p=0.935 and p=0.23) respectively.

3. DISCUSSION

The present study reveals a statistical significant association between age group where teenage pregnancy is most common and gender (p<0.000), and significance association between the causes of teenage pregnancy and gender (P<0.033). Although the current study depicts ages 15-17 as the most prone ages of teenage, research have revealed that, by the end of high school, the mainstream of teenagers have had sexual relations and that about 10% have had sexual contact before age 15(Langille, 2007). This clearly opines to why there also was a statistical significance associations between whether or not parents/ or guardians are to be blamed for teenage pregnancy (p<0.002), whether or not sex education that teenagers receive at school is sufficient (p=0.092). Though the study did not duel much on gender, there seem to be much significant associations between age and gender, cause and gender and education on teenage pregnancy and gender, which suggests a lack of gender inequality at this part of the community which may prone teenage girls into early sex as depicted on table 1A above. According to Jewkes R, et al, the reduction teenage pregnancy lies in giving more consideration to issues of gender and sexuality, as well as the terms and circumstances under which teens have sex. Though the Ghana education Services have a curriculum for sex education, the society theorizes that the most grownups feel that sex edification, even in senior high schools is unsafe and untimely for vulnerable adolescents and is likely to lead to unselective promiscuity (Adu-Gyamfi, 2014).

There was however no statistical significance associations between whether or not teenage mothers regret becoming pregnant (p=0.911), whether or not society is responsible for teen pregnancy (p=0.935) and whether or not teenage pregnancy is a problem within your community or country on a whole (p=0.235) within the selected group.

4. CONCLUSION

Teenage pregnancy has become a menace in the Ghanaian society, and has a long term effect on the mother and child, as well as the economy and society on a whole. This is usually disturbing as the youth of the nation are exposed to whole lots of psychological, physiological and environmental factors that prone them into falling

victims of teenage pregnancy. However, with the engagement of parents/guardians, teachers, society, religious leaders and the government as a whole, this threat can be reduced.

4.1 RECOMMENDATION

In view of this it is recommended that:

- Ghana education service introduces extra-curricular activities where students would be taught on simple hand -made items that they can sell after school hours to serve as a source of income for most students.
- The dangers of unprotected sex should also be projected to students to create more awareness.
- Parents should be educated at the various PTA meetings on the dangers of teenage pregnancies and its effects the child, mother family, community and Nation as a whole.
- Enforcing our rich cultural values and norms which do not infringe on the rights of the girl child may be a step towards a drastic reduction of this bane.
- Introduction of the teaching of the family planning methods in schools by the Ghana Education Services in collaboration with both the Ghana Health services and the Ghana public health Association.

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